

Department of Veterans' Affairs, transmitting, pursuant to law, a rule entitled "Rule-making Procedures" (RIN2900-AI33) received on March 3, 1997; to the Committee on Veterans' Affairs.

EC-1278. A communication from the Assistant General Counsel for Regulations, Department of Education, transmitting, pursuant to law, a rule entitled "Direct Grant Programs" (RIN1880-AA74) received on February 27, 1997; to the Committee on Labor and Human Resources.

EC-1279. A communication from the Director of Regulations Policy, Food and Drug Administration, Department of Health and Human Services, transmitting, pursuant to law, two rules including a rule entitled "Lowfat and Skim Milk Products" received on February 27, 1997; to the Committee on Labor and Human Resources.

INTRODUCTION OF BILLS AND JOINT RESOLUTIONS

The following bills and joint resolutions were introduced, read the first and second time by unanimous consent, and referred as indicated:

By Mr. CONRAD (for himself, Mr. KERREY, Mr. HARKIN, Mr. WELLSTONE, Mr. BAUCUS, Mr. COCHRAN, and Mr. INOUE):

S. 385. A bill to provide reimbursement under the medicare program for telehealth services, and for other purposes; to the Committee on Finance.

By Mr. WYDEN:

S. 386. A bill to amend title XVIII of the Social Security Act to protect and improve the medicare program, and for other purposes; to the Committee on Finance.

By Mr. HATCH (for himself, Mr. BAUCUS, Mr. NICKLES, Mr. BREAUX, Mr. GORTON, Mrs. FEINSTEIN, Mrs. MURRAY, and Mrs. BOXER):

S. 387. A bill to amend the Internal Revenue Code of 1986 to provide equity to exports of software; to the Committee on Finance.

By Mr. LUGAR:

S. 388. A bill to amend the Food Stamp Act of 1977 to assist States in implementing a program to prevent prisoners from receiving food stamps; to the Committee on Agriculture, Nutrition, and Forestry.

By Mr. ABRAHAM (for himself, Mr. BOND, Mr. NICKLES, Mr. HUTCHINSON, Mr. HELMS, and Mr. SESSIONS):

S. 389. A bill to improve congressional deliberation on proposed Federal private sector mandates, and for other purposes; to the Committee on the Budget and the Committee on Governmental Affairs, jointly, pursuant to the order of August 4, 1977, as modified by the order of April 11, 1986, with instructions that if one Committee reports, the other Committee have thirty days to report or be discharged.

By Mr. COVERDELL (for himself, Mrs. FEINSTEIN, and Mr. HELMS):

S.J. Res. 19. Joint resolution to disapprove the certification of the President under section 490(b) of the Foreign Assistance Act of 1961 regarding foreign assistance for Mexico during fiscal year 1997; read the first time.

S.J. Res. 20. Joint resolution to disapprove the certification of the President under section 490(b) of the Foreign Assistance Act of 1961 regarding foreign assistance for Mexico during fiscal year 1997; to the Committee on Foreign Relations.

S.J. Res. 21. Joint resolution to disapprove the certification of the President under section 490(b) of the Foreign Assistance Act of 1961 regarding assistance for Mexico during fiscal year 1997, and to provide for the termination of the withholding of and opposition

to assistance that results from the disapproval; to the Committee on Foreign Relations.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. CONRAD (for himself, Mr. KERREY, Mr. HARKIN, Mr. WELLSTONE, Mr. BAUCUS, Mr. COCHRAN and Mr. INOUE):

S. 385. A bill to provide reimbursement under the Medicare Program for telehealth services, and for other purposes; to the Committee on Finance.

THE COMPREHENSIVE TELEHEALTH ACT OF 1997

• Mr. CONRAD. Mr. President, today, I am pleased to be joined by Senator KERREY, Senator HARKIN, Senator WELLSTONE, Senator BAUCUS, Senator COCHRAN, and Senator INOUE to introduce legislation to help improve health care delivery in rural and underserved communities throughout America through the use of telecommunications and telehealth technology.

Telehealth encompasses a wide variety of technologies, ranging from the telephone to high-technology equipment that enables a surgeon to perform surgery from thousands of miles away. It includes interactive video equipment, fax machines and computers along with satellites and fiber optics. These technologies can be used to diagnose patients, deliver care, transfer health data, read x-rays, provide consultation, and educate health professionals. Telehealth also includes the electronic storage and transmission of personally identifiable health information, such as medical records, test results, and insurance claims.

The promise of telehealth is becoming increasingly apparent. Throughout the country, providers are experimenting with a variety of telehealth approaches in an effort to improve access to quality medical and other health-related services. Those programs are demonstrating that telecommunications technology can alleviate the constraints of time and distance, as well as the cost and inconvenience of transporting patients to medical providers. Many approaches show promising results in reducing health care costs and bringing adequate care to all Americans. For the first time, technological advances and the development of a national information infrastructure give telehealth the potential to overcome barriers to health care services for rural Americans and afford them the access that most Americans take for granted. But it is clear that our Nation must do more to integrate telehealth into our overall health care delivery infrastructure.

Because I believe telehealth holds incredible promise for rural America, I formed the Ad Hoc Steering Committee on Telemedicine and Health Care Informatics to explore telehealth and related issues in 1994. The purpose of the steering committee, which includes telehealth experts from government, private industry, and the health care

professions, is to evaluate Federal policies on telehealth and how to use telecommunications technology more effectively to increase access to health care throughout America.

Throughout the last few years, as the steering committee held meetings and policy forums, it became increasingly apparent that there is enormous energy and financial effort being devoted to telehealth today, both by government and private industry.

Because so many rural and underserved communities lack the ability to attract and support a wide variety of health care professionals and services, it is important to find a way to bring the most important medical services into those communities. Telehealth provides an important part of the answer. It helps bring services to remote areas in a quick, cost-effective manner, and can enable patients to avoid traveling long distances in order to receive health care treatment.

Telehealth is already making a difference in my State. The University of North Dakota has a fiber optic two-way audio and video interactive network that has been used to train students in areas like social work and medical technology. Recently, I had the opportunity to spend some time with two of the premier telehealth systems in the State of North Dakota. I was amazed at the capabilities of these systems. They currently supply specialty care to rural North Dakota clinics, manage chronic disease, lower administrative costs, and reduce the isolation felt by rural and frontier practitioners.

Because telehealth is in many respects an emerging health care application, it is particularly important to constructively capitalize on efforts like these. My proposal attempts to facilitate this in a number of ways.

The first element of my proposal builds on current demonstration projects to require the Health Care Financing Administration to put in place a reimbursement system for telehealth activities under Medicare. Medicare reimbursement policy is an essential component of helping to integrate telehealth into the health care infrastructure, and must be explored. It is particularly important in rural areas, where many hospitals do as much as 80 percent of their business with Medicare patients. While rural areas are the most in need of telehealth services, I also realize there are other groups that would greatly benefit from an expansion of this service. That is why I am also asking the Secretary of Health and Human Services to submit a report that will examine the impact of expanding telehealth reimbursement for nonrural Medicare beneficiaries who are home-bound or nursing home-bound and for whom being transferred for health care services imposes a serious hardship.

The second element of this proposal asks the Secretary of Health and Human Services to submit a report to